

NO Authorization

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10767899

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                                     |
|----------------------------------|--------------|-------------------------------------|
| TOTAL CLAIMS                     | 44           |                                     |
| FOR                              | NUMBER FILED | NUMBER EXTRA                        |
| TOTAL CHARGEABLE CLAIMS          | 58 minus 20= | * 38                                |
| INDEPENDENT CLAIMS               | 5 minus 3 =  | * 2                                 |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input checked="" type="checkbox"/> |

|                      |                                  |
|----------------------|----------------------------------|
| SMALL ENTITY<br>TYPE | OTHER THAN<br>SMALL ENTITY<br>OR |
| RATE                 | FEES                             |
| BASIC FEE            | 385.00                           |
| XS 9=                |                                  |
| X43=                 |                                  |
| +145=                |                                  |
| TOTAL                |                                  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | Minus                    |   |                  |
| Independent                                    | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

|                     |                            |
|---------------------|----------------------------|
| SMALL ENTITY<br>OR  | OTHER THAN<br>SMALL ENTITY |
| RATE                | ADDITIONAL<br>FEE          |
| XS 9=               |                            |
| X43=                |                            |
| +145=               |                            |
| TOTAL<br>ADDIT. FEE |                            |

16 22

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | Minus                    |   |                  |
| Independent                                    | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

|                     |       |                   |                     |                   |
|---------------------|-------|-------------------|---------------------|-------------------|
| AMENDMENT B         | RATE  | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| Total               | XS 9= |                   | X\$18=              |                   |
| Independent         | X43=  |                   | X86=                |                   |
| +145=               |       |                   | +290=               |                   |
| TOTAL<br>ADDIT. FEE |       |                   | TOTAL<br>ADDIT. FEE |                   |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | Minus                    |   |                  |
| Independent                                    | *   | Minus                    | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

|                     |        |                   |                     |                   |
|---------------------|--------|-------------------|---------------------|-------------------|
| AMENDMENT C         | RATE   | ADDITIONAL<br>FEE | RATE                | ADDITIONAL<br>FEE |
| Total               | X\$ 9= |                   | X\$18=              |                   |
| Independent         | X43=   |                   | X86=                |                   |
| +145=               |        |                   | +290=               |                   |
| TOTAL<br>ADDIT. FEE |        |                   | TOTAL<br>ADDIT. FEE |                   |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.